

**GREATER MILWAUKEE FIGURE SKATING CLUB**  
**"SKATE WITH US"**  
**BASIC SKILLS GROUP LESSON PROGRAM**

**RINK FACILITY:** Eble Ice Arena, 19400 W. Bluemound Rd., Brookfield, WI. 53045

**CLASS DAY AND TIME:** Classes are held on Wednesday evenings 5:45P – 6:30P

**REGISTRATION FEE:** \$115.00 for seven weeks. If registered for two or more seven week series at a time, PER PERSON, each session will be \$100.00. (Family discount: 3<sup>rd</sup> participant/\$20.00 off)

**TO ENROLL:** Please make check payable to **"SKATE WITH US"**

Complete the section below and mail the **ENTIRE** form to:

**SKATE WITH US PROGRAM**

C/O Dawn Dahlman-Schwab

PO Box 20881

Greenfield, WI. 53220-0881

(414)235-3153

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ USFS # \_\_\_\_\_

How did you hear about the GMFSC "Skate With Us" Program? \_\_\_\_\_

I would like to enroll in the following seven week series....

\_\_\_\_ January 2, 2013 – February 13, 2013

\_\_\_\_ February 20, 2013 – April 3, 2013

Registration Fee: \_\_\_\_ Sessions @ \$ \_\_\_\_\_ ea. = \$ \_\_\_\_\_

As parent, guardian or adult skater (18 years or older), I assume and discharge all financial obligations of enrollment and acknowledge all lessons are given as a group (**not private**) and all enrollment fees are non-refundable. Refunds are given only in the event of an injury/illness requiring hospitalization, or cancellation of classes by the Greater Milwaukee F.S.C. due to lack of enrollment. All requests for refunds must be made in writing and proof of injury/illness is required. Remember, all fees are **NON-REFUNDABLE**. There will be a \$35.00 fee for any returned checks

\_\_\_\_\_  
Signature of Parent/Guardian or Adult Skater

(For GMFSC Office use only)

CLASS LEVEL: SNOWPLOW SAM \_\_\_\_\_ BASIC \_\_\_\_\_ FREESKATE \_\_\_\_\_ HOCKEY \_\_\_\_\_

DATE REC'D: \_\_\_\_/\_\_\_\_/\_\_\_\_ RE-ENROLLMENT \_\_\_\_\_ NEW ENROLLMENT \_\_\_\_\_

REGISTRATION FEE: \$ \_\_\_\_\_ PAID BY: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CK# \_\_\_\_\_

